

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191

County Registrar No. _____

Local Registrar No. 220

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Charlotte Louise Jomerlin

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date

of birth Aug. 26, 1925
Month day yearFemale5. No., in order of birth 2yes

8. FATHER

Full name Floyd Leon Jomerlin9. Residence
(Usual place of abode)If nonresident, give place and Globe, Ariz.

10. Color or race

white11. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Deming,
New Mexico

13. Occupation

Nature of industry

Truck Driver

14. MOTHER

Full maiden name Matthie Lee Allen15. Residence
(Usual place of abode)If nonresident, give place and Globe, Ariz.

16. Color or race

white17. Age at last birthday 18 (Years)

18. Birthplace (city or place)

(State or country)

Silver City,
New Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none21. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:45 A.M. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
a supplemental report

Signature

Address

T. K. Harper, M.D.
Globe, Ariz.
(Physician none)

Filed

8/31, 1925

Local Registrar.

Month, day, year.

Filed

10

Registrar.

County Registrar.

335-826-415